



TOWN OF
Seabrook, New Hampshire

99 Lafayette Road
P.O. Box 456 – 03874-0456
Phone: (603) 474-3311 - Fax: (603) 474-8007
www.seabrooknh.info

STATE OF NEW HAMPHIRE
TOWN OF SEABROOK

BUSINESS LICENSE PERMIT

Issue Date: *Feb 13, 2020*

Expiration Date: *Dec 31, 2020*

Business Name: **Silver Shield Ammo, LLC**

Address of Business Location: **106 LEDGE RD**

Owner and Address: **Marinko Vracevic**

44 Portland Avenue Unit 201 Dover, NH 03820

Board of Selectman

This permit is subject to the ordinances and regulations of the Town of Seabrook. All businesses shall be licensed on an annual basis until and/or unless the licensed premises are vacated, relocated or ownership of the business is changed or permit holder is no longer in compliance with federal or state regulations or those of the Town of Seabrook.

THIS PERMIT IS NOT TRANSFERABLE

**THIS PERMIT MUST BE POSTED IN A PROMINENT PLACE
AT THE BUSINESS LOCATION**

BOH Permit Applications	Body Art Practitioner	Body Art Establishment	Business License	Entertainment License
Amusement Device License	Home Business Exemption Form	Action Request Form	Misc. Links	MapsOnline
Functions	ZBA Cases	Planning Board Cases		

CBMS - Business License

Print | Blank PDF | Search | Import | Export | Export Blank | OWNER LOGOUT

STAFF ONLY: Required Department Approvals (staff will select/highlight all department approvals required for this application):

Hold the CTRL key while you click to select multiple addresses

- Police Dept. - B. Walker
- Water Department
- Police Department
- Police Dept. - J. Reinhold
- Fire Dept. - K. McDonald
- Fire Department
- Building/Health Department
- Sewer Department
- Steve Keaney

Send Email to Other Town Departments for Approval:

- Yes
- No

STAFF ONLY - Add a Department Approval:



STAFF ONLY - Department Decisions To Date:

- Fire Department - "Fire Department"
- Sewer Department - Approved
- Building/Health Department - Approved
- Police Department - Approved
- Water Department - Approved

STAFF ONLY - Date All Required Department Decisions Completed:

clear

The Building Department will begin its review of the Application once all Department Approvals are completed. The Building Department's review must be completed within 30 Days.

Update Cancel Record: 315 of 357

New

DEC 13 2019

BUSINESS LICENSE APPLICATION

TOWN OF SEABROOK
BUILDING & HEALTH
PO BOX 456
SEABROOK NH 03874
(603) 474-3871

Date: 12/13/19

Fee: \$100

All New Business Applications are valid between the date they're approved and December 31st of that year. Renewals must be in by December 15th of their expiring year. No license will be issued to a business in a new building until the building is granted a certificate of occupancy and all departments sign off after their inspections. The application must be complete and legible. Checks can be made to the Town Of Seabrook.

Section 1

Business Name: Silver Shield Ammo LLC

Physical Address: 106 Leake Rd Unit #: _____

Mailing Address: 44 Portland Ave unit 201 Dover NH 03820

Business Telephone: 860-869-2909 Emergency Telephone: _____

Owner's Name: Marinko Kracevic E-Mail: SilverShieldAmmo@gmail.com

Section 2

Property Owner's Name: ROBERT LLC, ROBERT RING

Property Owner's Mailing Address: 106 Leake Rd Seabrook

Property Owner's Telephone #: (603) 474-7200


Property Owner's Signature: 

Section 3: Business Information Commercial: Industrial: _____ Home Office: _____
Are there any hazardous or explosive materials manufactured or stored on site? YES NO

If Yes, Please Describe: Small arm ammo (not hazardous explosive)

Type of Business: e-commerce of guns ammo & accessories

I hereby certify that all of the information presented is true & accurate


Signature of Applicant
(or authorized persons)

DEPARTMENT APPROVALS

Building /Health	Water Dept.	Sewer Dept.	Fire Dept.	Police Dept.
<input type="checkbox"/> Approved	<input type="checkbox"/> Approved	<input type="checkbox"/> Approved	<input type="checkbox"/> Approved	<input type="checkbox"/> Approved
<input type="checkbox"/> Not Approved	<input type="checkbox"/> Not Approved	<input type="checkbox"/> Not Approved	<input type="checkbox"/> Not Approved	<input type="checkbox"/> Not Approved
Date: _____	Date: _____	Date: _____	Date: _____	Date: _____

Map: _____ Lot: _____ Seq: _____

Town of Seabrook, New Hampshire
Commercial/Industrial Wastewater Questionnaire

IMPORTANT: Completion of this form is required of all non-residential sewer users. The information provided will be used in determining the appropriate Sewer User Classification for your business or organization. All items must be completed. Incomplete forms will be returned. Please print or type. Attach additional pages if necessary.

NOTE: Any business that holds a current Seabrook Industrial Wastewater Discharge Permit may attach a copy of the first page of their permit in lieu of completing this form.

NOTE: Any business that has a current Class 4 or Class 5 Commercial/Industrial Sewer User Classification may attach a copy of their Notice of Classification in lieu of completing this form.

Name of Business or Organization: <u>Silver Shield Ammo LLC</u>	
Physical (Street) Address: <u>106 Ledge Rd</u>	Phone: <u>860 869-2909</u>
Business Owned by: <u>Marina Uracevic & Durko Lukic</u>	
Authorized Representative*: <u>Marina Uracevic</u>	Title: <u>owner</u>
Mailing Address (if different): <u>44 Portland Ave #20 Dover NH 03820</u>	
Phone (if different): _____	Facility NAICS Code(s) official use only

1. What types of business and/or activities are carried out at this location? **PLEASE DESCRIBE FULLY**
order fulfillment for e-commerce business
selling guns, ammo, and accessories
2. Number of employees: Shift 1 2 Shift 2 1 Shift 3 _____ Total 2
3. Hours of operation: M 8-12 T 11 W " Th " F 0 Sa " Su "
4. Does this business discharge any wastewater to the Town sewer system other than normal bathroom wastes?
If "yes", describe: NO
5. Identify all on-site wastewater treatment: If none, place an "X" here:

Grease Interceptors (sizes & numbers)	Grit or Sand Traps (sizes & numbers)	Oil/Water Separators (sizes & numbers)	Other Pretreatment (describe)

6. Are there any floor drains at this location? No If so, please give their number & locations, and describe the specific purpose of each. NA
7. Is there a fire sprinkler system at this location? Yes
8. In the next five years, do you anticipate any major facility expansion or change in the activities performed? If "yes", describe: NO

9. Does this facility meet any of the federal or State of New Hampshire definition for a "Hazardous Waste Generator"? No If "yes", describe: _____

10. Please list all potentially dangerous or hazardous chemicals that are kept in this facility in containers larger than five (5) gallons. Estimate the typical quantity of each chemical that is kept on hand. Your list must include, but is not limited to, all fuels, oils, solvents, soaps & cleaning solutions, disinfectants, inks & paints, pesticides, and industrial chemicals. Use separate pages if needed. If none, place an "X" here:

Chemical Name	Use or Purpose	Typical Quantity On-hand

11. What are the various ways water is used at this location? Estimate the average amount used for each purpose.

	Purpose or Use	Gallons Per Day
a.	bathroom waste (may estimate using 13 gallons per employee; 3 gallons per customer)	26
b.		
c.		
d.		

* 12. Is there a water well at this location? No When was it last used? NA

13. Other than storm water, is any water discharged from this location to a lake, stream, private sewer, leach field, injection well, or anyplace else other than the Town sewer? If so, describe: No

14. Has this business ever been the subject of a notification, citation, fine, warning, order, or other governmental enforcement action with respect to an environmental compliance issue? No

Certification:

I have personally examined and am familiar with the information submitted in this document and attachments. Based upon my personal knowledge and/or my inquiry of those individuals immediately responsible for obtaining the information reported herein, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and/or imprisonment, according to Article X of the Sewer System Ordinance of the Town of Seabrook, New Hampshire.

[Signature] Marina Urquiza Jones 12/13/19
 Authorized Representative** Title Date

** As used herein, the term Authorized Representative is defined as a legally appointed corporate officer, general partner or sole proprietor, or a primary manager who has written authority to sign legal documents on behalf of the company or organization.

Please direct any questions to: Industrial Pretreatment Program Manager, Town of Seabrook, P.O. Box 456, Seabrook, NH 03874-0456 (603) 474-8012 ext. 11 tcampbell@seabrooknh.org

Seabrook Police Department
7 Liberty Lane
Seabrook, New Hampshire 03874
603-474-5200

Filing Date: 12/13/19

BUSINESS NAME: Silver Shield Ammo LLC

BUSINESS ADDRESS: 106 Ledge Rd Seabrook NH

BUSINESS TELEPHONE NO.: 860-869-2909

BUSINESS FAX NO.: —

IS THERE A SAFE ON THE PREMISES? YES _____ NO to

IS THE BUSINESS ALARMED Yes to No _____

Alarm Company Name: TBD

Alarm Company Tele NO.: _____

IF THERE ARE ZONES, PLEASE LIST WHAT ZONE AND WHERE IT'S LOCATED.

Alarm Type(s):

to Motion to Panic _____ Silent _____ Audible _____ Fire

Business Owner's Name: MARINO URAOVIĆ & DUKIĆ LUKIĆ

Business Owner's Home Address: 44 Portland Avenue, 201 Dover NH 03820

Business Owner's Home Tele NO.: 860-869-2909

Emergency Contacts (Primary, Secondary, Etc.)

1) Dukić Lukić 682-7818
Name Telephone #
860-869-

2) _____
Name Telephone #

3) _____
Name Telephone #

POLICE USE ONLY
Account #: _____



SEABROOK FIRE DEPARTMENT



87 Centennial Street
Seabrook, NH 03874

Phone: 603-474-2611 Fax: 603-474-5187
seabrooknh.info

William J Edwards
Fire Chief
603-474-3880

Lawrence "Koko" Perkins
Deputy Fire Chief
603-474-5300

FILING DATE: 12/13/2019			
BUSINESS NAME: Silver Shield Ammo LLC		PHONE #: 860-869-2909	
BUSINESS ADDRESS: 106 Ledge Rd			UNIT #
FAX:	BUSINESS EMAIL: silvershieldammo@gmail.com		
BUSINESS OWNER'S NAME: Marinko Uracevic & Dasko Lukic			
BUSINESS OWNER'S HOME ADDRESS: 44 Partland Ave unit 201 Dover ^{NH} 03820			
BUSINESS OWNER'S PHONE #			
EMERGENCY CONTACTS (PRIMARY, SECONDARY, ETC.)			
NAME	TELEPHONE NUMBER		
1. Dasko Lukic	860-682-7818		
2. Marinko Uracevic	860-869-2909		
3.			
IS THERE A LOCK BOX OR KNOX BOX ON SITE?	YES	<input checked="" type="radio"/> NO	LOCK BOX CODE:
IS THE BUSINESS ALARMED?	<input checked="" type="radio"/> YES	NO	ALARM TYPE: motion
ALARM COMPANY NAME: TBD		ALARM COMPANY PHONE #:	
IF THERE ARE ZONES, PLEASE LIST HOW MANY AND WHAT THEY ARE LABELED AS:			
PROPERTY OWNER: Robert Ring		PROPERTY OWNER PHONE #: 603-474-7200	
PROPERTY OWNER HOME ADDRESS: 106 Ledge Rd, Seabrook NH			
ARE THERE ANY HAZARDOUS OR EXPLOSIVE MATERIALS ONSITE?	YES	<input checked="" type="radio"/> NO	
IF YES; WHAT? Small arms ammo			

Receipt-576362

Town of Seabrook
PO Box 476
99 Lafayette Rd
Seabrook, NH 03874
603-474-3152

12/13/2019

Receipt Number:576362
PNRef:105730653

=====
Subtotal: \$100.00
Convenience Fee: \$2.79
Total: \$102.79
=====

AMOUNT TENDERED
AMEX \$102.79

ACCT:*****1000
EXP: *****
MERCHANT APPROVAL:105730653
EB2GOV APPROVAL:105730653
CARDHOLDER: VRACEVIC MARINKO

Total Payment: \$102.79

Please note that two transactions will
appear on your account statement similar
to the following:

Town of Seabrook \$100.00
Town of Seabrook/eb2gov \$2.79

I agree to pay the above total amount
according to the card issuer agreement
and acknowledge the convenience fee is
non-refundable.



CARDHOLDER SIGNATURE

MERCHANT COPY

Town of Seabrook
PO Box 476
99 Lafayette Rd
Seabrook, NH 03874
603-474-3152

12/13/2019

Receipt Number:576362